

## Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth  of Massachusetts
File with: City or Town Clerk or Efection Commission Fill in Reporting Period dates:  Beginning Date: 1/1/2012 Ending Date: 1/1/2012
Type of Report: (Check one)
8th day preceding preliminary 8th day preceding election 30 day after election was report dissolution
Teff Thielman  Candidate Full Name (if applicable)  Committee to Elect Teff Thielman  Committee Name
Arlington School Committee  Office Sought and District  This Brazile  Name of Committee Treasurer
37 Coolidge Rd, Arlington MA 02476 Residential Address Jan MA 02476 Committee Mailing Address
Telephone Number (optional): Telephone Number (optional): Telephone Number (optional):
SUMMARY BALANCE INFORMATION:
Line 1: Ending Balance from previous report   841.40
Line 2: Total receipts this period (page 3, line 11)
Line 3: Subtotal (line 1 plus line 2)  8, 432.40
Line 4: Total expenditures this period (page 5, line 14)
Line 5: Ending Balance (line 3 minus line 4)  4, 595. 87
Line 6: Total in-kind contributions this period (page 6)
Line 7: Total (all) outstanding liabilities (page 7)
Line 8: Name of bank(s) used: CitiZens Bank
certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance civity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign nance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  igned under the penalties of perjury:  (Treasurer's signature)  Date:
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)
Candidate with Committee and no activity independent of the committee  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.
Candidate without Committee OR Candidate with independent activity filing separate report  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  igned under the penalties of perjury:  (Candidate's signature)  Date:

### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	(see affacted)		
		,	
Line 9: Total Receip	ots over \$50 (or listed above)	4,450.00	
Line 10: Total Receip	pts \$50 and under* (not listed above)	2321.10	
	ECEIPTS IN THE PERIOD receipts of \$50 and under, include them in line	le,771.00	Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

report all expenditures. Please include your committee name and a page number on each page.)

	To Whom Paid	nittee name and a page number on	r caen hage.)	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	(see attac		- arpose of Experience	Timount
,				
a e				
		Line 12: Total Expenditures ov		3,947.7
		Line 13: Total Expenditures \$50		88.74
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	4,036,5

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
3/2/2012	Deborah Kokinos	3 Brantwoodene Arlington Mary 1/4	Kickoff Paty expenses	150.00
		Line 15: In-Kind Contributions	over \$50 (or listed above)	150.00
		Line 16: In-Kind Contributions	0	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	150.00

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

# Schedule A: Receipts Committee to Elect Jeff Thielman

2-Mar-12 Line 9: Line 10: <b>Line 11:</b>	28-Mar-12 2-Mar-12	26-Feb-12	17-Mar-12	13-Feb-12	2-Mar-12	11-Mar-12 28-Mar-12	5-Mar-12	5-Mar-12	28-Feb-12	25-Feb-12	22-Feb-12	21-Feb-12	21-Feb-12	5-Mar-12	28-Mar-12	22-Feb-12	1-Dec-12	17-Feb-12	10-Mar-12	25-Feb-12	5-Mar-12	2-Mar-12	28-Mar-12	5-Mar-12	19-Feb-12	28-Feb-12	5-Mar-12	5-Feb-12	19-Feb-12	Date Rec'd
Michael Stern Total receipts in excess of \$50 Total receipts \$50 and under Total receipts in this period	Debralynn & Martin Santora Cindy Starks	Douglas Rosner	Stephen & Geradline Ricci	Brian Rehrig	Mary Winstanley O'Connor	Robert & Margaret Mooney	David McGrath	John W Maloney	Charles Lyons	Josh Lobel & Laura Wiener	Thomas Lisco	Topher Heigham	Camilla Haase	GT Silver City Tire	Kevin Greeley	Walter Fey	Paul Fennelly	Ron Feldman	Peter & Kathy Feinmann	Joe Curro & Lisa Moncevicz	Rosemary Croghan	Aimee Coolidge	Paul & Kelly Connors	B. J. Cassin	Christine Carney	Henry & Lisa Brush	Thomas Bruenn	Robert Brazile	Jane Biondi	Name
10 Fairbanks Rd, Arlington MA 02476	7602 Sweetgum Dr, Irving, TX 75063  1 Monadnock Rd, Arlington, MA 02476	3 Valley Rd, Arlington, MA 02476	Ten Devereaux St, Arlington MA 02476	28 Academy St, Arlington, MA 02476	781 Concord Turnpike, Arlington MA 02476	197/4 North Sagamore Rd, Fairview Park, OH 44126	2 Trombly Ct, Andover, MA 01810	289 Bedford St, Lexington, MA 02420	16 Emmons Way, Methuen, MA 01844	73 Jason St, Arlington, MA 02476	30 Hamilton Rd, Arlington, MA 02474	82 Richfield Rd, Arlington MA 02474	88 Park Ave, Apt 401, Arlington, MA 02476	155 Colony St, Meriden, CT 06451	363 Mystic St, Arlington, MA 02474	223 Mass. Ave, Arlington, MA 02474	97 Gray Street, Arlington, MA 02476	89 Marathon St, Arlington, MA 02474	89 Oakland Ave, Arlington, MA 02476	21 Millet St, Arlington, MA 02474	909 Mount Pleasant, Winnetka, IL 60093	18 Stevens Terrace, Arlington, MA 02476	76 Powderhorn Dr, Phoenixville, PA 19460	10364 Kenbar Rd, Los Altos Hills, CA 94024	98 Richfield Rd, Arlington, MA 02474	23 Amsden St, Arlington, MA 02474	66 Mattabasset Dr, Meriden, CT 06450	56 Coolidge Rd, Arlington, MA 02476	50 Wyman St, Arlington, MA 02474	Residential Address
\$4,450 \$2,321 \$6,771	\$75 \$100	\$100	\$250 Flagship Ventures, venture capitalist	\$100	\$100	\$250 Venture Capitanst, sen emproyed		\$100	\$100	\$100	\$100	\$100	\$100	\$200 Returned contribution	\$100	\$100	\$100	\$100	\$100		\$500 Retired	\$75	\$100	\$500 Venture Capitalist, self employed	\$100	\$75	\$100	\$100	\$100	Amount Occupation and Employer

# Schedule B: Expenditures Committee to Elect Jeff Thielman

Amount \$1,336.41 \$339.04 \$1,325.28 \$411.72 \$200.00	\$260.34 \$75.00 \$3,947.79 \$88.74 \$4,036.53
Purpose of Expenditure printing expense printing expense printing expense printing expense printing expense return of contribution	inadvertanty accepted reimbursement advertising expense
Address 56 Creighton St, Cambridge, MA 02140 56 Creighton St, Cambridge, MA 02140 56 Creighton St, Cambridge, MA 02140 17B Gill St, Woburn, MA 01801 155 Colony St, Meriden, CT 06451	56 Coolidge Rd, Arlington, MA 02476 869 Mass Ave, Arlington, MA 02476 nder
Date Paid To Whom Paid 2/23/12 Cambridge Offset Printing 2/29/12 Cambridge Offset Printing 3/30/12 Cambridge Offset Printing 3/27/12 Connolly Printing 3/30/12 GT Silver City Tire	3/30/12 Juli Brazile 56 3/12/12 PAPA 869 Line 12: Total expenditures over \$50 Line 13: Total expenditures Line 14: Total expenditures



# Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

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Date of Reimbursement: 3-30-2012											
Name of Individu	ual Being Reimbursed: Juli	Brazile									
Committee Name: Committee to Elect Jeff Thielman											
CPF ID Number	(if applicable):	Telephone N	lumber (optional): 781–641 ~	3433							
	ITEMIZ	ZE EXPENDITURES IN EXCESS	G OF \$50								
Date Paid         Vendor Name         Vendor Address         Purpose of Expenditure         Amount											
	Arlington Swifty	1386 Man Are. Arlington, MA 02476	printing expense	111.63							
	Post Office	1347 Mans Are Arlington, MA 02476	Stamps	90.00							
	(Include items listed on Page 2)	Line 1: Expenditures in excess of	\$50 (itemized above):	201.53							
		Line 2: Expenditures \$50 or under	(not itemized):	98.81							
Line 3: TOTAL AMOUNT REIMBURSED: 260.34											
Signed under th	e penalties of perjury:										
	Signature of Candio	Maylu date / Treasurer	Date: 3	-1-2012							